Living With Cancer & COVID-19:

What You Need To Know

National Webinar Transcript

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Presented by:

Elana Silber:

Hi, my name is Elana Silber and I'm the Executive Director of Sharsheret, the National Jewish Breast and Ovarian Cancer Organization. It is really good to see all of you on the call today.

Elana Silber:

Now first and foremost, before we do anything, health is most important so if you're on with us today, your health is our priority. Sharsheret is doing this as part of a webinar series.

Elana Silber:

We know that the information changes minute to minute day to day, we've been getting questions online and trying to get to everything that you are concerned about so if you have a question, if you could stay muted, feel free to send it to the chat.

Elana Silber:

This call is going to be recorded because we would like to transcribe it to have a written script. If you want to remain anonymous, you can take yourself off [crosstalk 00:00:53] muted if you can so everyone can hear the information.

Elana Silber:

We know we're all at home and we are facing additional challenges. The virus itself is very serious and our health conditions as it relates to breast and ovarian cancer are also very serious and we want you to know that we're here with you.

Elana Silber:

We know you're in your homes and you need emotional support and you need mental health counseling. Sharsheret always does this by phone and by email and you could reach out to us. We have a team of social workers and a genetic counselor anytime, schedule a call, we are here for you one-on-one and now together, we're coming as a group, as a community.

Elana Silber:

We are going to get to your questions with Dr. Samuels if you can add them to the chat, we'll be monitoring them. We are really privileged to have Dr. Samuels with us today. Dr. Samuels is literally on the frontlines helping women and families and anyone to get through this crisis that we're in.

Elana Silber:

Just a little bit of background on who Dr. Samuels is who's taking time out for us so thank you Dr. Samuels. Dr. Stuart Samuels is an Assistant Professor of Radiation Oncology at the University of Miami Sylvester Comprehensive Cancer Center.

Elana Silber:

He specializes in treatment of breast and head and neck cancer. So he's joined us today to answer your questions about living with cancer and COVID-19. He'll start with a very brief presentation and then we'll start to get to the questions so at the end, if your questions haven't been answered, still feel free to send them to us, we will get you answers within the next 24 to 48 hours. So I'm going to turn the floor over and thank you, thank you everyone for joining us and stay well.

Dr. Stuart Samuels:

Hi everyone. I hope you can all hear me. Thank you very much Elana, thank you very much to Sharsheret for giving me the opportunity to speak to everyone today. So I'm Stuart Samuels, I'm an Assistant Professor of Radiation Oncology and I do specialize in breast cancer and head and neck cancer.

Dr. Stuart Samuels:

Today I just want to clarify that I'm not going to be giving any specific medical advice. I'm just going to be talking about general recommendations, what we're doing in our facility, how I'm treating my patients, what we're doing in our department, what we're doing in our hospital, but if you do have any specific questions related to your care, you do need to talk with your medical provider.

Dr. Stuart Samuels:

We are in an unprecedented scary time where we're dealing with a pandemic that the likes of which we really never experienced before and so there is a lot of confusions and questions about what that means with regard to cancer care and so hopefully I'm going to address a lot of those questions today from my perspective and my experience.

Dr. Stuart Samuels:

And so when we're dealing with a pandemic, first and foremost, we have to protect the health of the population over the individual and that's why you can see I'm working from home today and most of you are home and there is a mandate now that we're really trying to keep everybody at home as much as possible with the shutdown of pretty much of the economy and that also means protecting our healthcare system.

Dr. Stuart Samuels:

We're really trying to not overwhelm our healthcare system because we know that there's going to be a lot of infections that are going to be coming in. We also want to limit the exposure of patients and healthcare workers from unnecessary exposures and that means the canceling of all non-urgent and elective procedures.

Dr. Stuart Samuels:

Now, this does not generally include cancer treatment so when it comes to the population of the community or the population health versus individual health, cancer care of the individual does take precedence at least at this time and this is a constantly evolving situation so I do recommend everybody stay on top of what Dr. Fauci is saying and what the CDC recommendations are.

Dr. Stuart Samuels:

But overall, we are continuing cancer care as usual with a few exceptions and I'm going to be talking about those in the next few minutes. Routine follow ups are being postponed or canceled in our healthcare system and across healthcare systems across the country and they're becoming ... Either they're being postponed, they're being rescheduled or they're becoming telehealth encounters where patients are going to be communicating with their healthcare provider via the internet or via Zoom or whatever interface that they have.

Dr. Stuart Samuels:

Again, to protect the healthcare system, as well as protect the patient and the healthcare providers. So if you do need to go to the hospital, you will be screened at the hospital for the virus and that we have tents set up outside of our Sylvester Comprehensive Cancer Center where patients may get their temperature taken.

Dr. Stuart Samuels:

We're going to be asking patients if they're having any symptoms. Do you have any shortness of breath, any cold symptoms, flu symptoms, fevers, what your travel history is and what your contact history is.

Dr. Stuart Samuels:

You may be turned away if you have any of those symptoms and that is for your own good and that is for the good of the healthcare providers and the healthcare system so if you do have any symptoms, you should be contacting your healthcare provider.

Dr. Stuart Samuels:

Immediately, that doesn't necessarily mean going to the emergency room because again, we are trying to limit the exposure and limit the number of patients that are not urgent from going to the emergency rooms so that we don't overwhelm our healthcare system.

Dr. Stuart Samuels:

So I just want to break this down into a few topics. So the first topic I'm going to be talking about is patients that either have a new diagnosis of cancer, patients that are currently undergoing treatment for cancer and then we'll talk about survivorship.

Dr. Stuart Samuels:

So for patients that have a new diagnosis of cancer, we are continuing with the scheduled staging studies including CT scans, head scans, bone scans, biopsies, inpatient ... Excuse me, person to person visits with your provider for the work up and management and that's because those are not considered elective, those are considered required and urgent and need to be done in a timely fashion.

Dr. Stuart Samuels:

It may mean that you may get a call from radiology canceling your bone scan for example and then you may need to call your provider and let them know that you were canceled because it was considered elective and then your provider may need to follow up with radiology and clarify that no, in fact, this is actually urgent and needs to be done as a priority and I have been managing my patient's radiology appointments to make sure that those that are required are getting what they need.

Dr. Stuart Samuels:

This does mean however that any patient that is asymptomatic that is getting a screening test for breast cancer such as a mammogram, those are being rescheduled and as far as we can tell, the data do not show that a short delay in screening tests such as three to six months does not actually confer any harmful outcome and so you may be asked to reschedule your mammograms or MRIs or ultrasounds or any of the screening test that we're doing for future appointment.

Dr. Stuart Samuels:

If you are having symptoms, if you have a new breast mass or you notice something in your axilla or a pelvic lymph node and that's why you're getting the screening test, well that actually becomes a diagnostic test and that becomes something that cannot be delayed and you should let your healthcare provider know that this is something that should not be delayed and that it needs to go forward as planned.

Dr. Stuart Samuels:

Now for patients that have recent diagnoses that are being scheduled for surgeries at least at our hospital at this time, we are continuing with scheduled surgeries for breast cancer.

Dr. Stuart Samuels:

We are not doing elective reconstructive surgeries, but we are continuing with resections of cancer of all kinds. Now some patients may be ... They may be recommended to have chemotherapy upfront as part of their treatment plan and this really needs to be discussed with your healthcare provider.

Dr. Stuart Samuels:

Chemotherapy is one of the things that does put you at high risk of A, getting the virus and B, having the worst outcome with the virus because you are immunocompromised when you're on chemotherapy.

Dr. Stuart Samuels:

Every chemotherapy is different and again, I recommend you talking with your specific healthcare provider about the specific chemotherapy that you're taking and what the risks would be, but generally speaking, chemotherapy isn’t immunosuppressant.

Dr. Stuart Samuels:

If you haven't started chemotherapy in it, then you can talk to your medical provider and see if [inaudible 00:09:49] first and not start with chemotherapy upfront.

Dr. Stuart Samuels:

Alternatively, if they do strongly recommend chemotherapy or you're in the middle of chemotherapy and you have to continue, then obviously you need to continue it all the way through.

Dr. Stuart Samuels:

In that case, I'm recommending for my patients that they actually maintain strict quarantine and self-isolation and social distancing more than is being recommended for the general population.

Dr. Stuart Samuels:

This means staying in a room by yourself and really not leaving the room other than to go to your medical appointments and this is because you would be at high risk of contracting and having worst outcome with the virus.

Dr. Stuart Samuels:

But cancer care does need to continue once you've started it and so we are continuing to treat our patients with chemotherapy. For patients that are in the middle of radiation, we are continuing to treat our patients with radiation through the end.

Dr. Stuart Samuels:

We don't stop radiation in the middle once we've started. For those patients that have not yet started radiation, I think you can have a discussion with your healthcare provider or your oncologist, your radiation oncologist about what the possible timeline is.

Dr. Stuart Samuels:

There are data that for early stage disease, there is no harm in delaying up to five months before starting radiation so if you haven't yet started radiation, there may be a window where we could delay the treatment a couple of months before starting so we can get past sort of this initial part of the pandemic.

Dr. Stuart Samuels:

For late stage patients, so for Stage 3 patients, it's up to 12 weeks, so up to three months. Until three months there doesn't seem to be any harm so again, there may be a window of delay where we could postpone patients from starting radiation.

Dr. Stuart Samuels:

Now, if you're on radiation, you are not considered immunosuppressed. Radiation itself does not immunosuppress patients and so the standard social distancing and social isolation that we're doing would be enforced and nothing stronger would be recommended.

Dr. Stuart Samuels:

You can talk to your healthcare provider about shorter courses of radiation so while the standard course of radiation is somewhere between five and six weeks of treatment, we now have some evidence that shorter courses of three to four weeks may be just as effective and in the time of crisis, this may be a time to talk to your provider because we do want to limit the number of times patients are going back and forth from the hospital obviously to limit the exposure.

Dr. Stuart Samuels:

If you are symptomatic, if you do have any flu-like symptoms, if you have fever, you have a cold, we are stopping all treatments. That includes chemotherapy, that includes radiation until you recover and then we'll reintroduce it.

Dr. Stuart Samuels:

Each institution should have protocols on how to treat patients with the COVID-19 virus. Sometimes, patients are moved to the end of the day and have strict quarantine in one of the dedicated room in the clinic and then of course, there's a whole routine of sterilizing the equipment before and after the patients gets on the table.

Dr. Stuart Samuels:

And so we have all of those enforced. So far, we have not yet had a patient with a COVID-19 on treatment, but I think that's just a matter of time given how rampant this pandemic is spreading.

Dr. Stuart Samuels:

So for patients who have gotten through their initial treatments, the surgery, the chemotherapy and the radiation and they're now considered survivors and they're going more towards the routine follow ups, we are now either rescheduling or doing all of our routine follow ups as teleconferencing, as telemedicine conferences and that's because again, we just want to limit the exposure of patients and hospital staff by patients coming back and forth to the hospital.

Dr. Stuart Samuels:

If you're on hormone therapy or you're on Herceptin, those are not considered immunosuppressive drugs and so you would not be at any high risk of contracting or having severe outcome from this virus that we know of.

Dr. Stuart Samuels:

For patients that have finished chemotherapy, it usually takes about four weeks for the immune system to rebound. And so after four weeks post chemotherapy, you should be using the same general restrictions and may not need the same ... The strict isolation that I mentioned before.

Dr. Stuart Samuels:

Now, there is some anecdotal evidence and some small studies indicating that the immune system after chemotherapy may not be completely 100% for even nine months or up to a year after the chemotherapy, but as of right now, there aren't any specific restrictions for patients in that timeframe.

Dr. Stuart Samuels:

So even though there may be a slightly higher risk, we don't really, we can't really quantify that risk and so we're just recommending the general recommendations for the general population.

Dr. Stuart Samuels:

I think that's it for my initial presentation. I would like to just mention that survivors, having a history of cancer is not considered a high risk feature for this virus.

Dr. Stuart Samuels:

The high risk features are anybody that's actively immunosuppressed, anybody with coronary vascular disease and with diabetes or chronic obstructive pulmonary disease.

Dr. Stuart Samuels:

There was a question about whether or not radiation to the breast cancer, radiation to the lungs may cause radiation scarring would increase the risk of either contracting or having a bad outcome from this virus.

Dr. Stuart Samuels:

The honest answer is we just don't know. It's too soon to know any of that, but the risk of radiation scarring after radiation therapy to the breast is actually very low.

Dr. Stuart Samuels:

It's only about 1% and so right now, there's no specific altered recommendations for patients in that category who are worried after their radiation whether or not they have the virus.

Dr. Stuart Samuels:

Now, if you do contract the virus, and the virus does attack your lungs, and you do have some radiation scarring, I think theoretically, there would be a chance that if you don't have as much lung capacity, that you may be at higher risk of a bad outcome, but we really don't know the answer to that right now.

Dr. Stuart Samuels:

I guess the most important thing for everybody to do is to just take this very seriously for cancer survivors, cancer patients and the general population. We want to limit exposure as much as possible, but we also want to do it in a thoughtful way so that patients who are undergoing treatment are continuing to get their care that they need and while recognizing that the health of the population is at stake here. So now, I'm going to open the floor and answer any specific questions that people might have.

Elana Silber:

Okay, so the way we're ... Thank you Dr. Samuel, that was really helpful and concise and clear and the way we're going to run this because there are almost 500 people on the call is I am capturing ... We got a lot of questions in advance.

Elana Silber:

I'm trying to capture them as they come through chat. So I'm going to be consolidating into groups. Again, we will be able to answer specific questions. Again, not medical advice, this is general guidelines and information as it relates to what you're going through, but we definitely encourage you to take whatever information you get today and bring it to your healthcare professional.

Elana Silber:

You're not acting on anything that we're saying. You're taking it to your healthcare professional, anything that's considered medical, but we want to try to clear some of the misinformation that's out there and try to calm some of the hysteria and put you in a place where you have a direction.

Elana Silber:

So one of the questions that we said that keeps showing up, and I know that you addressed this somewhat about who is immunosuppressed. So you've mentioned a few things, but while the call has been going on, and in advance, there were callers asking specifically about IBRANCE, Xeloda, Xgeva, tamoxifen.

Elana Silber:

Now, we can't go through everything, but is there a way to tell people, are they considered immunosuppressed and what should they be doing differently? Should they be doing anything differently?

Dr. Stuart Samuels:

Yeah. So anything that's considered a hormone therapy, so tamoxifen, anastrozole, letrozole, those are not considered immunosuppressants. So I know a lot of patients are taking those for years after their treatment.

Dr. Stuart Samuels:

Those do not put any patient at high risk as far as we know. All of the chemotherapy, so Xeloda included, and then all of the taxanes, the doxorubicin, all the ones that patients get when they're in active treatment, those all do affect the immune system and will put you at higher risk.

Dr. Stuart Samuels:

The risk starts about a week after you start the chemotherapies and it lasts for about four weeks after you finish the chemotherapies. That's the best data we have right now.

Dr. Stuart Samuels:

Herceptin does not ... While it's an immuno-modulator and targeted agent, it does not seem to have a direct effect on the immune system, putting patients at higher risk of contracting or having a bad outcome from this virus.

Dr. Stuart Samuels:

But I think we're still in the early stages of this and so there may be some unknowns to a lot of this information, but it's really only patients that are in active treatment that are considered immunosuppressed, an active treatment, I mean, with chemotherapy.

Dr. Stuart Samuels:

Post-surgery for a few days after surgery, we do recommend isolation and that's just because while the immune system is fighting to recover from surgery, we don't want it to have to fight another insult and I already discussed radiation. Radiation itself does not immunosuppress.

Elana Silber:

Just to follow up on what you just said, so if someone had a hysterectomy with a BSL on Friday, [inaudible 00:20:26] think would the recommendation be for her to have complete isolation?

Dr. Stuart Samuels:

No, I don't think so. I don't think so. Talk to your doctor, but the hysterectomy itself should not put her at higher risk of an infection.

Elana Silber:

Okay, so one of the questions that ... This is related to those on the call who may be celebrating Passover in about two weeks ago and there's a question of, "What are the guidelines of celebrating the holiday with family and family members and what level of separation do they have to take on now?"

Dr. Stuart Samuels:

Yeah, so I think this is something that's evolving over time and as we get closer to Passover, I think shuls are going to start making recommendations. This is something that everybody needs to take very seriously and be very, very, very careful about.

Dr. Stuart Samuels:

Any guest that you're going to have over Passover are going to increase your risk of contracting this virus. The virus can spread in asymptomatic patients for up to two weeks and that means that we don't really know who's exposed and who's not exposed.

Dr. Stuart Samuels:

The same social isolation that we're doing we're asking people not to go to work and to limit your travels outside of the home, not to go to any social gathering places, restaurants, all of that really still applies to your family members.

Dr. Stuart Samuels:

I don't want to tell people that they shouldn't have guests for Passover, but it could mean that you're putting yourself and your family members at risk of contracting this over that time period.

Dr. Stuart Samuels:

I would just recommend having people talk to their synagogues and what the synagogues are doing. I mean, generally speaking, if a synagogue is closed, and they're not allowing people to even come for a minyon, it really generally means that we're really trying to avoid any kind of company in the home.

Dr. Stuart Samuels:

I can tell you right now, my plan is to not have any guests other than my immediate family at the Passover Seder. Now again, this may change, but that's what's happening right now.

Dr. Stuart Samuels:

I know people are having ... There was some questions that I've seen about family members who are coming home from Israel or teenagers coming home. My recommendation and I think the recommendation that the government is giving is really all of those people should be quarantined for at least two weeks, for two weeks, kept in isolation, and then they can rejoin the family.

Dr. Stuart Samuels:

If they come back within the two week period, the risk is is that they may get you get it from you, you may get it from them, but you have to sort of establish what you think that risk is and if you have a very elderly family member with a lot of medical problems, then you'd have to consider that whether or not you want to include the person coming from out of country at your Seder.

Elana Silber:

Okay, thank you. There's a lot of conversation on the internet about boosting your immunity. Is there any validity? Is there any real science behind any types of vitamins, herbs, foods that can help cancer survivors bolster their immunity? Is there any wisdom coming out there that's valuable?

Dr. Stuart Samuels:

So unfortunately, no. There doesn't seem to be any supplement or any vitamin or mineral that boosts the immunity in such a way that really influences the outcome of this virus that we're aware of.

Dr. Stuart Samuels:

I think it's always good advice to eat healthy and make sure you have a wide variety of vitamins and minerals, Vitamin C and Vitamin A, and all that stuff, but overall, there doesn't seem to be

any supplement that seems to be boosting the immunity to help either cancer survivors or anybody in the general population.

Dr. Stuart Samuels:

It's really about at this time, it's really about not exposing yourself and finding a way to avoid as much exposure as possible. So limiting outings, social distancing, et cetera.

Elana Silber:

So this question came in from someone about getting a second opinion. They're following up on thyroid cancer. They had surgery already and RAI, but the dispute on how she should proceed or he should proceed. Is this something generally that the second opinion can wait until this pandemic has calmed down or passed? Because traveling might be an issue, what is your suggestion? Or what are the recommendations out there?

Dr. Stuart Samuels:

Yeah. So I don't want to ... So to address this patient specifically, if the patient's already had surgery and RAI for a differentiated thyroid cancer, they may be done with their treatment and so they've already had the primary treatment whether or not they're going to get another bout of RAI or directed radiation therapy.

Dr. Stuart Samuels:

There actually is a window to wait for those patients that have differentiated thyroid cancer. Again, I don't know this patient's specific pathology and situation and stage, but there could be a window here.

Dr. Stuart Samuels:

What we're doing at Sylvester is all of our second opinions are actually becoming telehealth second opinions. So we are not canceling those appointments because we do know that patients are very anxious and we do want to make sure that there is no delay in their cancer care, but we also know that for a lot of these second opinions, it's really just a matter of reviewing the imaging, reviewing the pathology, talking to the other providers, and talking amongst ourselves amongst our radiologists and pathologists and surgeons and coming up with a consensus and the direct patient provider interaction can actually be done just as effectively remotely in many of those situations.

Dr. Stuart Samuels:

So where that person is looking to get a second opinion, I would probably ask if they have any telemedicine set up so that the second opinion doesn't have to be delayed.

Elana Silber:

Okay. So this is a question about we keep hearing in the news and that if you had had cancer, you're at increased risk. We've heard if you have diabetes, if you've had heart disease, are they all weighted the same and what if someone's living now with Stage 4 cancer?

Dr. Stuart Samuels:

Yeah. So I think a lot of ... What the government is trying to do is they're trying to make general recommendations and general guidelines and trying to let people know that sort of everybody's at risk, there are some things that may put you at a higher risk.

Dr. Stuart Samuels:

So just having a history of cancer, it seems does not ... That in itself does not put you at high risk unless you are as I was saying on active treatment. Now, a lot of patients who have cancer also have a lot of these other comorbidities, they often tend to be older, they intend to have heart disease, they may have diabetes and so in that case, they are part of the population or the at-risk population for this virus.

Dr. Stuart Samuels:

For patients that have Stage 4 cancer, so Stage 4 is for when the cancer has spread outside of the primary site and is now spread to other parts of the body, it really is dependent on what other body sites it's affected, is it affecting the lungs and compromising the lung capacity, is it affecting the bone marrow and causing the blood counts to drop so you're immunosuppressed?

Dr. Stuart Samuels:

And it also depends on what types of treatments the patients are on. Very often it happens that patients that have Stage Four cancer are sort of on constant active treatments that they're cycling between chemotherapy and rest breaks in between their chemotherapy or targeted agents and rest breaks and so that since they're sort of always on active treatment, and they're constantly seeing their health care providers at regular intervals, just going back and forth to the hospital constantly, which is required in those situations, may put the patients at higher risk.

Dr. Stuart Samuels:

I don't think that it's the cancer diagnosis itself. I think it's much more specific to the type of cancer, what organs the cancer is affecting and what types of treatments the patient is on and for any individual case, I would recommend they talk with their health care provider, but yet, overall, the at-risk features are really age, diabetes, heart disease, and that's because if you get the virus and you have any of those comorbidities, then your natural reserve of fighting the virus is going to be much lower.

Dr. Stuart Samuels:

That doesn't seem to necessarily be the case in patients that are either A, cancer survivors or B, have limited stage metastatic disease.

Elana Silber:

Thank you. So we have a lot of people on the call who are BRCA positive. Sharsheret is a Jewish organization while we help everyone, a large part of our population are Ashkenazi Jewish.

Elana Silber:

So they're at 10 times greater risk to carrying these mutations and we have some on the call today who are cancer survivors who've had some surgery and treatment, but now are scheduled for prophylactic surgeries to oophorectomy, second mastectomies and they want to know, is the medical community consider these elective when they are certain ages that they've been waiting now to do these surgeries and they're concerned about getting either a recurrence

or even a first time cancer because of the pandemic? Could they fight? Could they advocate for themselves? Should they be advocating for themselves that these are not elective surgeries, but these are essential surgeries?

Dr. Stuart Samuels:

Yeah, so in fact, they are considered elective surgeries. So anything that's prophylactic is considered elective and we are canceling those surgeries at our hospital and trying to reschedule them in a few months.

Dr. Stuart Samuels:

Now, there doesn't seem to be, at least based on the data there, it doesn't seem to be any significant difference waiting a few months for prophylactic surgery even on BRCA patients.

Dr. Stuart Samuels:

They are recommended to have some kind of surgery by the time they're 30, but waiting one month or two months or three months, or even six months before they're getting it, I don't think puts them at a much higher risk, you could talk to the healthcare provider, that there may be an imaging study that can be done in the meantime which maybe could be ordered and could be done such as an MRI that would then at least give some ... which would allow some deferment of the actual treatment, while not doing nothing at this time while we're waiting for it.

Dr. Stuart Samuels:

And of course, if something is seen on the MRI, then that would be a trigger for either a biopsy or a mastectomy, and then that could be done at that time. At which point, it would be more diagnostic that it would be for prophylaxis.

Elana Silber:

Okay. The other question which I think is ... I think in today's news or maybe it's not, but there's a blood shortage, and a lot of blood drives have been canceled and people on the call want to know, can cancer survivors donate blood? Is there any issue with them donating blood now that there seems to be a shortage?

Dr. Stuart Samuels:

So not that I'm aware of. I do believe cancer survivors can, but you'd have to ... I'd have to check with the Red Cross and what other institutions are doing. Again, as long as you recovered from your cancer, and you haven't, you don't have any active ongoing disease and you're otherwise feeling well, I don't think that there's any restrictions on that, but I'd have to double check.

Elana Silber:

And then are there ... There was a question that came in. I think this was from Tennessee. "Are there any special concerns, precautions for healthcare providers who've had recent treatment for breast cancer in the last 12 months?"

Dr. Stuart Samuels:

So the answer is no. As I was saying before, if she's a survivor and she doesn't have any ongoing treatment with chemotherapy, and she's recovered from the chemotherapy, and even if

she's on hormone therapy or Herceptin, there doesn't seem to be any recommendations right now other than the standard recommendations of making sure that you're wearing all of the PPE, the Personal Protective Equipment which includes a mask with a face shield, the gown, gloves, and then any ... All the social distancing that we're doing, and then, of course, the telemedicine whenever possible.

Elana Silber:

One of our callers is in California, and she's asking about, "What should I do about my living arrangements, if my [inaudible 00:33:44] cancer survivor, if my husband works as a nurse in a hospital, was there anything that means differently?"

Dr. Stuart Samuels:

Well, first I guess, this is a time where I think myself included, we're all very appreciative of all the healthcare providers that are on the frontlines that are really facing this down in this global crisis.

Dr. Stuart Samuels:

So I'll tell you what I do is when I go to the hospital, our hospital is now mandated that everybody wear scrubs so you need something that's easily cleaned, easily washable.

Dr. Stuart Samuels:

We have gowns and masks and gloves for all patient encounters and then when I get home, shoes, stay outside, clothing comes off right before even entering the house, making sure you're washing your hands well and just trying to keep your households clean from any viral particles.

Dr. Stuart Samuels:

There's no way to protect ourselves 100% when we're healthcare workers, and that actually is one of the ... We also have to recognize that the family of healthcare workers are also sacrificing somewhat their safety by living with someone.

Dr. Stuart Samuels:

I do know of a health care provider who is now living in his garage because he really is trying to do everything he can to protect his family. That is an option as well. I'm not taking it to that extreme, but I am being extra careful to make sure that I'm covering my sneezes with my elbow, and that I'm washing my hands constantly even when I'm in my house, I'm not touching my face.

Dr. Stuart Samuels:

All of these things that we're trying to do to protect our family members are enforced, but when we have a lot of sick patients, somebody has to take care of them and we have to do ... We've taken an oath to take care of our patients and even though our family members haven't taken an oath, they often are in it right with us at the frontlines.

Elana Silber:

So there are questions coming out. There's a lot of conversation about medications that are actually treating or speeding recovery for COVID-19 if someone is diagnosed with COVID. Is there anything that you can share, anything new about that? About treatment?

Dr. Stuart Samuels:

Yeah, I mean, there's nothing other than what we're seeing by Dr. Fauci and the clinical trials that are going to be started with chloroquinolone, but for right now, there actually are no FDA approved treatments for the disease and everything that's going to be started is going to be on a clinical trial and so do not start hoarding these medications that we're seeing on the news and while there's some anecdotal evidence that there may be some anti-malarial agents that have effectiveness, it's still very preliminary and hopefully something will come down the pipeline soon, but right now, there is no treatment for it and so right now, the treatment is isolation and rest and hopefully, the virus will take its course and allow you to recover.

Elana Silber:

You probably can't answer this, but I'm putting it out there anyway. "How long do you anticipate or do you hear the medical community anticipating the canceling of electives because elective is in quotation marks obviously, procedures to go on for? Are they saying anything? Are they actually ..."

Dr. Stuart Samuels:

No. We don't have any good idea about that. So right now, we're looking forward a month at a time and looking at our schedules a month in advance and canceling our clinics and trying to reschedule patients with telehealth encounters, but we actually don't know how long that's going to go on.

Dr. Stuart Samuels:

If we take if we look at South Korea, we look at China, when they started to sort of relax on their restrictions, it took them about a month and a half or eight weeks from the time that things got very severe to the time that they allowed things to open up, and we're about three to four weeks behind them.

Elana Silber:

I think the concern specifically with our population is ovarian cancer because that's one of the people is saying that three to six months could actually really make a big difference. So that part is hard. The other thing that people are concerned about if they [crosstalk 00:38:16]

Dr. Stuart Samuels:

... I would just say in that case, they should be talking to their medical provider and looking at their individual risk, and if together they decide that the risk is very high, either because of their age or because of their previous cancer, then that should be considered and then you'd have to talk with a surgeon and talk to the hospital and make sure that everybody understands that this is not elective, that this is preventative or this is rather this is a treatment.

Elana Silber:

And are there ... Is there talk about setting up satellite spaces for these kind of elective surgeries, screenings if the pandemic continues so that they don't have to go to a hospital and then schedule it to one patient at a time? Is that something that's being discussed or considered?

Dr. Stuart Samuels:

I haven't heard that at our hospital yet. That may be coming in the next one to two months, but for right now, no.

Elana Silber:

And if there are people who don't show symptoms, so we know that we've been hearing that, people are walking around with that they're not showing symptoms. So they don't know that they have Corona. Is the hospital doing anything to ensure that the people they're screening are really actually Corona-free or it's just ...

Dr. Stuart Samuels:

No. Unfortunately not. And so we're at a shortage of tests, and we're at a shortage of masks and personal protective equipment and so ideally, we would like every patient that's walking in to have a mask, every healthcare provider to have a mask, we just don't have enough of it and we are trying to balance the risk benefit ratio of having patients come for medical treatments and we know that patients that are undergoing radiation need to continue their treatments and so we let them come in and we try to distance ourselves and wipe down the equipment as best as we can, but we do recognize that there is no safe encounter with anybody these days and so that anybody could be a potential locus of the disease and so we are taking that risk, patients are taking that risk, healthcare providers are taking that risk.

Dr. Stuart Samuels:

Yeah, that's what actually makes this virus so dangerous is that it has asymptomatic shedding that we just can't ... We can't screen for and it turns out that most patients that are having that are now coming down with the virus have no known contacts and so it's just in the community.

Elana Silber:

Right. So I want to be answered ... There's a lot of questions coming in on specific medicines. So Dr. Samuels did review general ones that because again, I guess the biggest question is are we immunocompromised as cancer patients, cancer survivor?

Elana Silber:

So I know that you've gone through a number of different drugs and different treatments, if anyone has specific questions, again, I definitely recommend you speaking to your healthcare professional. We're not providing medical advice for your situation, we're giving general guidelines as COVID-19 relates to breast cancer, ovarian cancer.

Elana Silber:

And then if other cancers came up, we address those questions. We are recording this call so that it will be posted I think on YouTube afterwards so you can hear it and I think we're getting a written transcript as well that you can search for it.

Elana Silber:

We have, I think we've covered a lot of questions if anyone wants to type in anything now that really felt that hasn't been covered, then I'm happy to bring it forward. Otherwise, any other questions that come to mind, this is not the end of the conversation.

Elana Silber:

This is just the beginning. We will be compiling all the questions. We will get back and post it wherever this is posted. We will have the answers. We'll let everyone know where it's posted.

Elana Silber:

We can get you those answers in the next 24 to 48 hours. We will be scheduling another webinar. In the next week or so, this one we'll be focusing on navigating loved ones cancer diagnosis and the COVID-19 outbreak.

Dr. Stuart Samuels:

I apologize. My Computer shut down so I lost connection.

Elana Silber:

I don't have any new questions. I mean, I guess the only thing maybe we didn't talk about which is not related to treatment and immunocompromised is lymphedema. Does lymphedema make you immunocompromised?

Dr. Stuart Samuels:

No, no, no. So lymphedema is just the backlog of the fluid in an organ because the draining is blocked either by surgery or radiation and so no, that does not increase risk of being immunocompromised.

Elana Silber:

Okay, so really, I want to thank you. I know while we don't have anywhere to go, we are all very busy and there is a lot going on. So a huge thank you to Dr. Samuels for today and really, all the healthcare professionals who are on the call or people who are ... Have partners who are healthcare professionals, family members, really our hearts are with you, our gratitude.

Elana Silber:

We couldn't do this without you and we are going to do everything that we can to protect ourselves and protect you and we want to stay healthy and we want to bring you back on this call when it's over and talk about the ways we're going on with our lives. That's what we want to talk about. So thank you, Dr. Samuels. Everyone, stay well.

Dr. Stuart Samuels:

My pleasure. Everybody stay safe.

Elana Silber:

Sharsheret has emotional support, psychological support, mental health counseling, we offer that for free at no cost, completely private, one-on-one and our number is 866-474-2774 anywhere in the country and you can also email clinicalstaff@sharsheret.org.

Elana Silber:

Our social workers, genetic counselor, everything is available to you. You are our priority, your health and your well-being and we're all going to get through this together. So thank you.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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